

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICATION NO.

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1							51	1					
2							52		1				
3							53	1					
4							54			1			
5							55				1		
6							56					1	
7							57						1
8							58						
9							59						
10							60						
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12							62						
13							63						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND		1		1		1	TOTAL IND	1	1		1		1
TOTAL DEP							TOTAL DEP						
TOTAL CLAIMS							TOTAL CLAIMS	1	1		1		1

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS